VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE

Wednesday, March 24, 2021

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 10:03 a.m.
PRESIDING	Jeffrey Gofton, M.D., Chair, Presiding Office of the Chief Medical Examiner,
MEMBERS PRESENT:	Alexis Aplasca, M.D., DBHDS Chief Clinical Officer Jill Costen, sitting in for Randall Clouse, Office of the Attorney General Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing, Nurse Practitioner Radhika Manhapra, M.D., Hampton VA Medical Center Maryann McNeil, DMAS Rodney Stiltner, RPh, Vice Chair, Pharmacist, VCU Health John Welch, 1SG, Virginia State Police Sarah Ebbers-West, M.D., Riverside Health System Eduardo Fraifeld, M.D., Pain Medicine Physician
MEMBERS ABSENT:	Lisa Wooten, VDH Vacant Positions: Primary Care Physician, Community Member
STAFF PRESENT:	David Brown, D.O., Director, DHP Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Lisa Hahn, Chief Operating Officer, DHP Jim Rutkowski, Counsel, Office of the Attorney General Ralph A. Orr, Program Director, Prescription Monitoring Program Ashley Carter, Sr. Deputy Director, Prescription Monitoring Program Carolyn McKann, Program Deputy for Operations, Prescription Monitoring Program Desiré Brown, Administrative Assistant, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Gofton welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	John Welch made a motion to approve the agenda and Ms. Virginia LeBaron seconded the motion; the agenda was approved.
APPROVAL OF MINUTES	John Welch made a motion to approve the minutes for the meeting held September 2020. Rodney Stiltner seconded the motion; the minutes were approved as presented.
DEPARTMENT OF HEALTH PROFESSIONS REPORT: **Dr. David Brown:**	Dr. David Brown provided an overview of the agency's response to the pandemic over the past year. Dr. Brown noted that DHP broadly enabled telework and purchased numerous laptops for staff. For those whose positions did not lend themselves to telework, Dr. Brown noted that the agency found solutions to accommodate each individual's situation. He also reported that DHP has transitioned all meetings to a virtual format. Dr. Brown mentioned that while a busy legislative session just concluded, nothing impacted the PMP for the first time in many years. Dr. Brown also

	noted that within the next few years a new authority will be created for oversight of marijuana, which will incorporate the medical marijuana program currently run by the Virginia Board of Pharmacy. There is also pending legislation that will allow the pharmaceutical processors to produce and sell marijuana flower. The Board of Pharmacy anticipates a great increase in workload as a result of this change.
DEPARTMENT OF HEALTH PROFESSIONS REPORT CONTD: Barbara Allison-Bryan, M.D.:	Dr. Allison-Bryan provided an update on COVID-19 vaccinations in the Commonwealth. She reported that approximately 96% of all first doses obtained in Virginia have been administered (well over 3 million doses). This puts the Commonwealth of Virginia above the median among the nation, and accounts for about 25% of Virginia's population. Dr. Allison-Bryan further noted that there has been some hesitancy among Virginia residents with respect to receiving the vaccine.
PROGRAM UPDATE: Ralph Orr: Interoperability and Integration	Mr. Ralph Orr discussed the importance of interoperability and integration in regard to PMP operations. Mr. Orr stated that interoperability is important because just like Covid-19, substance use disorder does not recognize state lines. Virginia was one of the first state PMPs to share data with other states – Ohio and Indiana, via PMPi from the National Association of Boards of Pharmacy (NABP). Today the PMP actively shares data with 38 states and the Department of Defense Military Health System PMP, among other entities. This network is used extensively, and in 2020, over 11 million requests were made to Virginia. What is integration? In Virginia, we utilize Gateway. Mr. Orr noted that ease of use has always driven utilization. When an entity utilizes integration, no additional login is required. Integration makes review easy, quick and complete. Practitioners may have federal and state requirements to use the PMP, integration provides a record of these queries. As of March 2021, 455 software vendors have developed a solution for Gateway API, allowing access to PMP data through an integrated solution. PMPi is the connection tool that allows for the success of integration. Mr. Orr further noted that each integration request for PMP data is a potential patient encounter. The Gateway connections are supported by an OD2A grant provided through our partnership with the Department of Health. The primary goal of the PMP has always been to provide timely, complete, information to provide better-informed treatment decisions. Gateway (integration) provides many advantages over web-based log-in applications including in-workflow access to PMP data and proven performance with results provided in a sub-second response. Gateway provides a single source solution, which requires few changes to either a small medical practice or a large health system. Currently, about 75% of total requests processed by the Virginia PMP are through an integrated solution. The Virginia PMP processed over 200 million requests if you consider all outgoing and incoming PMP requests. Mr. Orr visited PDMPWorks.org, which shows the story of PMPi and Gateway growth in Virginia in a quick time lapse. The first entity with which the Virginia PMP integrated was Kroger pharmacy in mid-2015. Mr. Orr noted that 950,000 prescribers and pharmacists use the Gateway solution nationwide. Dr. Gofton noted that the PMP is a great patient management tool and asked if there is an opportunity to add other states to the PMPi network. Mr. Orr responded that adding additional states to the network is not a current focus, and that some states have specific restrictions regarding sharing. Ms. LeBaron asked Mr. Orr if the PMP could share any of this information with patients in the future. Mr. Orr noted that patients over the age of 18 may request a

	copy of their own report by completing a recipient request form located on our website. Ashley Carter noted that there is publicly available information on our website with respect to statistics regarding dispensations, etc.
PROGRAM OPERATIONS: Carolyn McKann: Website Update and User Registrations	Mr. Ralph Orr provided an update of operations on behalf of Ms. Carolyn McKann. Mr. Orr thanked the committee members on behalf of Ms. McKann for their input regarding updates to the PMP website. Mr. Orr noted that the Public Resources tab has been completely revised, incorporating new information including "What is the PMP", "About My PMP Report", etc. He noted that the "Toolkit" has been removed, as much of the content was outdated. Mr. Orr explained that two items have been added to the PMP landing page: Dr. Allison-Bryan's "Who, What, Where, Why and How of the PMP" presentation and a brief one-page introduction to the use and interpretation of the NarxCare report. In addition, the link to the AWARxE log-in webpage has been added to the Participant Resources page where it can be easily located. Mr. Orr briefly discussed planned updates to the "Navigating NarxCare" video series on the "About PMP" tab and the YouTube videos on the Board of Veterinary Medicine website. Mr. Orr encouraged everyone to submit topics for the quarterly newsletters. Mr. Orr provided a summary of the registration process which consists of three methods. The primary method is through an "auto-license file" whereby all new licensed prescribers and pharmacists can establish an account by responding to an email to complete an account registration from an established shell account. This file is generated from our licensing system. Prescribers, pharmacists and their delegates may also register online at any time. Lastly, all regulatory and law enforcement users complete paper forms that are certified by the appropriate supervisor. Mr. Orr noted that during the past quarter, there have been many enhancements with respect to registration. A new streamlined registration workflow was implemented in October of 2020 which helps prevent the establishment of duplicate and erroneous accounts. He announced that the Veterans Health Administration established an integrated solution nationwide whereby 200+ Virginia VHA providers were automatically enrolled into the PMP AWARxE system by Appriss. This represents 26 locations across Virginia. Now all Veterans Health Administration users are fully integrated. A "delegate audit" feature was enabled in December 2020, requiring supervisor users to re-certify all their delegates in order to maintain access to the AWARxE platform. Mr. Orr noted that PMP staff also manage user account access through deactivation of all user accounts whose licenses are summarily suspended. Lastly, Mr. Orr noted that all law enforcement/regulatory accounts must be renewed biennially as required in the PMP regulations.
Desiré Brown: Compliance Update	Ms. Desiré Brown presented the data compliance update and discussed current trends of dispensing facilities required to report to the Virginia PMP. Ms. Brown began her presentation by defining a covered substance (Schedules II-IV drugs, Schedule V drugs that require a prescription, naloxone, drugs of concern and cannabidiol oils or THC-A oils.) and what is required to be reported to the PMP within the required timeframe. Reporting of covered substances is required every 24 hours or the next business day. The facilities required to report include resident and non-resident pharmacies, physician selling drugs locations, pharmaceutical processors, and veterinarians dispensing covered substances for more than

	a seven-day supply. Ms. Brown described the three existing methods of reporting to Clearinghouse. These include SFTP, where the software vendor reports on behalf of the dispenser; file upload whereby the dispenser either receives a file from their vendor or creates a file to upload to Clearinghouse; and manual reporting by Universal Claim Form (UCF). Ms. Brown described her compliance efforts and explained that she runs a compliance report each day, which consists of an average of 250 delinquent dispensers. She noted that approximately 9% of the dispensers on the compliance report are delinquent for greater than 7 days. She noted that most dispensers delinquent less than 7 days typically come into compliance. Ms. Brown showed a graph displaying delinquent dispensers exceeding a 7-day threshold during the first quarter of 2021. She further noted that veterinarians are disproportionately more non-compliant, most often due to neglecting to report "zero reports", which represent each day where no dispensing takes place. Ms. Brown communicates with these dispensers reminding them of the regulatory responsibility to report in a timely manner. Ms. Brown also discussed her efforts towards tracking error correction. By regulation, dispensers must correct errors within 5 days of notification. She noted that the most frequent errors are among the patient, prescription and prescriber segments. Ms. Brown uses Tableau to identify dispensers who submit files with the greatest number of errors and notifies them, asking them to make the corrections. Since notifying specific dispensers, most have implemented a procedure to correct errors on a daily/weekly basis. Ms. Brown also discussed errors associated with veterinarian prescriptions. Some examples that were mentioned included using the pet name in place of the owner's name, the identifier K9 at the end of the owner's name, and other incorrect data. Ms. Brown has drafted an email notification of which will be sent to major pharmacies to ensure that veterinarian prescriptions are submitted according to the Drug Control Act and regulations governing the Prescription Monitoring Program. Ultimately, the goals of compliance tracking are to receive timely and accurate data, reduce the number of dispensers delinquent for greater than 10 days, and receive accurate veterinary prescriptions and to reduce the total overall number of errors.
PROGRAM ANALYTICS: Ashley Carter	Ms. Ashley Carter presented an update on analytics starting by summarizing the periodic reports produced by the program. The Annual Report is a narrative report that is due to the Joint Commission on Healthcare and the General Assembly by November 1 of each year. The quarterly reports are more flexible in their content. All PMP program reports are available on the website. Given that overdoses have increased during the pandemic, it is promising that naloxone dispensations peaked in the third quarter of 2020 and continued to be elevated in the fourth quarter. Ms. Carter then shared a map of Virginia displaying the distribution of naloxone dispensations by zip code of patient residence. This information was used to inform program planning to better target naloxone distribution programs to communities lacking coverage. Ms. Carter also provided an update on the progress of e-prescribing for opioids, which were required to be electronically prescribed beginning July 1, 2020. Prescribers were allowed to apply for a one-year waiver of that requirement. Ms. Cater reported that 4 of out 5 (83%) were transmitted electronically from prescriber to dispenser during 2020Q4. Ms. Carter also discussed an initiative in collaboration with the Virginia

	Department of Health to incorporate nonfatal opioid overdose emergency department visits into the PMP. Other initiatives Ms. Carter discussed involved collaborations with DMAS to meet requirements of the SUPPORT and CURES Acts. The CDC OD2A grant has been extended by one year. This is good news for the PMP program, because this grant is used to fund Gateway integration. Ms. Carter also provided an update to provider authorization, noting that the process included minimal disruptions. As a reminder, this is an enhanced security feature which requires users accessing PMP through integrated EHR or PSA to have a PMP account. Though some disruption was unavoidable, efforts by program and Appriss staff mitigated it. Maryann McNeil from DBHDS thanked DHP for their cooperation in meeting the requirements of the CURES Act.
PROGRAM DIRECTOR REPORT: Ralph Orr	Mr. Ralph Orr discussed the PMP participation with the Board of Pharmacy cannabis oil program. He noted that four processors are reporting to us on a daily basis. The product ID nomenclature is being uploaded into the licensing system, but the naming convention is not very informative. There is no identification of dose or strength associated with the nomenclature. Mr. Orr also discussed enhancements to the prescriber reports including some interactive capabilities that will become available in the next six months. For example, the application will take you to a list of patients who are identified as receiving combination therapy with opioids and benzodiazepines. Mr. Orr briefly discussed an upcoming marketing campaign to promote the use of integration to obtain PMP data. Integration has greatly influenced utilization, has decreased multi-provider episodes and has provided timely information to prescribers and dispensers. Currently the PMP has 5,300 participating facilities, the campaign will reach out to providers not yet integrated with the PMP.
MEETING DATES FOR 2020:	June 3, 2021 and September 2021 TBD
ADJOURN:	With all business concluded, Dr. Gofton adjourned at 11:32 a.m.
	Jeffrey Gofton, M. D., Presiding
	Ralph A. Orr, Program Director